

## Statewide Healthcare Coalition Steering Committee Meeting – 4/20/15

Topic	Discussion	Outcome/Action Items
<b>Welcome and Introductions</b>	The members of the group introduced themselves and were welcomed to the meeting.	Sign in sheet is available.
<b>Review &amp; Approval of January Meeting Minutes</b>	January, 2015 minutes not finalized. Will be approved at the next meeting.	<p><b>Action items:</b></p> <p>Laura will finalize minutes, provide to Virginia (Chairperson) and the Steering Committee will review and finalize at the next meeting.</p>
<b>Committee membership and professional role change</b>	<p>This issue was on the agenda for discussion because Tom Pletcher is retiring from his professional role (congratulations!) and this prompted discussion on continued committee representation. Discussion included:</p> <ul style="list-style-type: none"> <li>• Having subject matter experts is important – even if they are not associated with a particular organization/agency.</li> <li>• Questions about how the representative would pass information on to others in the “field” – Tom said that he would report through the mental health association, but he has said that the mental and behavioral health field is not as well organized as other fields in health and medical. Regional Coordinators are also responsible for reporting back to the regions.</li> <li>• Charter does not allow a committee member “at large” to hold an office on the Statewide Steering Committee.</li> <li>• Tom does not have anyone in mind to replace him from the mental/behavioral health field– budgets are too tight. He would be happy to mentor anyone that we identify as a potential candidate.</li> <li>• The group validated that Tom’s subject matter expert representation on the Committee was welcomed and needed. The group moved, and approved to invite Tom to remain on the Steering Committee.</li> </ul>	<p><b>Outcomes -</b></p> <p>Tom Pletcher is invited and encouraged to remain on the Statewide Steering Committee and provide subject matter expert input re: mental/behavioral health.</p> <p>Need to review Steering Committee official operating guidelines and determine if the information is correct or if changes are needed to the Committee Guidelines.</p> <p><b>Action items:</b></p> <ol style="list-style-type: none"> <li>1. Charlie Keeton will spearhead Committee to review Committee’s operating documents and determine if there is a need for any changes to be brought before the committee. Members are: Charlie Keeton, Mark Stump, Cindy Mullen, Terry David, Ron Marshall and a KDHE staffer.</li> <li>2. Jason Orr will reach out to community mental health coordinator in Riley County to assess interest.</li> </ol>

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<b>Exercise – sub committee update</b>	<ul style="list-style-type: none"> <li>Exercise Committee has not met and does not have updates at this point. They intend to meet prior to the next Statewide Steering Committee meeting.</li> </ul>	<b>Action Items:</b> None
<b>Shared Document Library – options for the committee to consider</b>	<p>David Marshall and Ron Marshall presented the topic of a shared document library. They proposed several options for the Committee to consider:</p> <ul style="list-style-type: none"> <li>The BOLD system – KDEM willing to put up library, but would be high end security.</li> <li>EMResource – could have folders for minutes, sign in sheets – can be accessed by a lot of people and can create as many folders as needed. This may be a viable option that is easier to access by the group. Sue mentioned that all ambulance services are going to be added to EMResource in the near future – they will also include long term care, mental and behavioral health. Members wondering if this could be pushed out for EMS statewide. Discussion for this option included:               <ul style="list-style-type: none"> <li>How do we get public health more interested in EMResource? What would be beneficial to them – hard to find a really good reason for them to be on EMResource.</li> <li>Can the ESF8 contact list be update and kept on EMResource? Keeping this information up to date is a fairly easy process.</li> <li>We would need to set up rules for “read/write” for those that log in.</li> <li>Surveys can be posted and completed through the EMResource system – such as the Health Capabilities Assessment.</li> <li>Could be a good resource for public health regional coordinators – but some regions already use the BOLD system.</li> </ul> </li> </ul>	<b>Outcomes:</b>  <p>Subcommittee was formed to discuss the functions of EMResource and the future roles for Catalyst. The subcommittee will consider which systems are most sustainable and useable as they develop their recommendation. The subcommittee will provide suggestions to the Statewide Steering Committee on how to best integrate the systems.</p> <b>Action items –</b> <ol style="list-style-type: none"> <li>Subcommittee will meet and provide suggestions to the Steering Committee for a Shared Document Library in EMResource. Subcommittee will be convened by Ron Marshall and will include: David Marshall, Tami Woods, Cindy Mullen and Jamie Hemler.</li> <li>Once the system is developed – the NW Region will run a test or “Pilot” the system.</li> </ol>

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	<ul style="list-style-type: none"> <li>○ Discussion about if we would use EMResource for public health work plan, deliverables etc. Don't want to use EMResource if the local health departments are required to use Catalyst.</li> </ul>	
<b>Adding Public Health talk groups on the 800 radio system – JL Ellis</b>	<p>JL Ellis provided information to the Steering Committee on the Statewide 800 Radio System. There is no cost to create talk groups in the 800 radio system – the costs comes in at the radio level to “reprogram” the radios. Technician doing the programming has to be very clear on what you want the radios to do.</p> <p>There was discussion on creating additional talk groups. Issue is that public health regions that they cross many radio zones may listen to a county channel vs. the regional medical talk channel. DOT can authorize any tower for any talk group.</p> <p>KDHE has talk groups; staff will find out the purpose behind the talk groups that have been created and what the intended use is. David has been tasked with 800 radios – will determine what plan was and if the plan is still workable. Radio offers a redundancy to our communications system.</p> <p>All agreed with the need have further discussion and strategic planning on the front end of any programming requests to reduce the charges for programming each radio.</p> <p>JL suggests that we reconvene our conversation to determine what we expect from use of the statewide radio system. Overall, the statewide system is a redundant means of communication in case other means of communications fail.</p>	<p><b>Action items –</b></p> <ol style="list-style-type: none"> <li>1. David Marshall will continue to investigate the talk groups that have been established and determine KDHE Emergency Preparedness use of the radio and expectations.</li> <li>2. David will reconvene this conversation at a future Steering Committee meeting once more information is obtained.</li> </ol> <p><b>Outcomes:</b></p> <ol style="list-style-type: none"> <li>1. KDHE Communications Workgroup will spearhead discussion on State interoperability and the 800 radio system. David Marshall will convene the group. Members of the discussion group are: Steve H., Richard E., Fred R., Sherry A., JL and a KDOT representative. Michaela will also be invited to sit on the discussion group.</li> <li>2. Contact information for radio programming</li> </ol>

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		<p>changes are:</p> <p>Vicki Shanley 785-296-3662 <a href="mailto:vickish@ksdot.org">vickish@ksdot.org</a></p> <p>She will set up talk groups – but will have lots of questions in terms of creating a talk group.</p> <p>and</p> <p>Kansas Adjutant General's - Office of Communications contact: JL Ellis 785-861-3097 <a href="mailto:Jimmy.L.ellisjr.nfg@mail.mil">Jimmy.L.ellisjr.nfg@mail.mil</a></p>
<b>Format for the Steering Committee meeting</b>	<ul style="list-style-type: none"><li>Group discussed possible formats for the Steering Committee meeting. Discussion included changing the format of the meeting to include time for subcommittees to meet prior to the Steering Committee meeting. The overall goal is for each subcommittee that is developed to report activity/outcome at the Steering Committee meeting.</li></ul>	<p><b>Action items –</b></p> <ol style="list-style-type: none"><li>KDHE staff will confirm logistics to accommodate outcome for this agenda item.</li></ol> <p><b>Outcome:</b></p> <p>The format of the Statewide Steering Committee will change:</p> <ol style="list-style-type: none"><li>Subcommittees will be convened by their designated lead and will meet prior to to the Statewide Steering Committee meeting. Subcommittees will meet from 9-10 a.m.</li><li>Statewide Steering Committee will meeting</li></ol>

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		<p>from 10 a.m. – 2 p.m. and will hear report outs from each of the subcommittees.</p> <p>3. Public Health Regional Coordinators have the option to meet following the Statewide Steering Committee meeting. If they decide to stay and meet – they will need to plan logistics with the KDHE staff prior to the meeting so that arrangements can be made for use of the room.</p>
<p><b>Kansas Home Care Association (KHCA) and Kansas Center for Assisted Living – Linda Mowbray</b></p>	<ul style="list-style-type: none"> <li>• Linda was invited to talk to the group about the association and integrating long term care into local and regional healthcare coalitions. <ul style="list-style-type: none"> <li>○ LTC is highly regulated – disaster planning is part of their program.</li> <li>○ Every county in Kansas has long term care, skilled care, home plus and/or assisted living programs – all have to have a disaster preparedness plan/program. KHCA encourages their members to work with local resources. <ul style="list-style-type: none"> <li>▪ 312 nursing homes</li> <li>▪ 120 home plus</li> <li>▪ 99 residential nursing homes</li> <li>▪ 210 assisted livings</li> <li>▪ 11 Nursing facilities for mental health</li> <li>▪ 42 long term care units</li> </ul> </li> <li>○ There are two long term care associations in Kansas – Kansas Home Care Association (KHCA) and Leading Age; each represent about 1/3 of the LTC homes, which leaves about 1/3 of the homes not represented.</li> <li>○ One goal of the associations is to educate members and keep them up to date on issues related to long term care– emergency preparedness has been part of the training/information. In the past, there has been funding allocated for long term care and preparedness planning. This money has not been available in recent</li> </ul> </li> </ul>	<p><b>Action Items:</b></p> <ol style="list-style-type: none"> <li>1. KHCA will discuss emergency/disaster planning with KDADs – Secretary on Aging. Goal is to have KDADs representation on the Statewide Steering Committee and encourage regional representation at the 7 regional healthcare coalition meetings.</li> <li>2. Karen Lockett – send an electronic version of the Conditions of Participation to Linda Mowbray.</li> <li>3. Lisa Williams – send roster of Statewide Steering Committee members to Linda Mowbray.</li> <li>4. Long-Term Care Subcommittee – Karen Lockett, Bryan Saindon, Sue Cooper, Virginia Downing, Shona Gleason, Cary Gerst.</li> </ol>

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	<p>years. They have some projects that they would like to work on – if the money is available.</p> <ul style="list-style-type: none"><li>○ They encourage members to work with their emergency managers and others in the community on their emergency planning. Linda reported that long term care facilities are pretty independent – have resources available. They should be called upon in a county emergency; many have space and capacity – they want to be a good partner.</li></ul> <ul style="list-style-type: none"><li>• Questions/comments from the Steering Committee members:<ul style="list-style-type: none"><li>○ Having difficulty getting long term care involved in Regional Healthcare Coalitions - Linda suggests working through the associations – Leading Age and KHCA. Getting their members attention is easier when they have a message to get across – using homes that have had a disaster.</li><li>○ Regional public health and hospital preparedness groups already in existence would like to integrate LTC – KDADs has a quarterly newsletter called Sunflower Connections. This is a good means of communications to LTC.</li><li>○ KDADs has Joint Provider meetings – at which they train surveyors and providers – Linda suggests that this would also be a good venue to talk with LTC re: emergency preparedness/planning.</li><li>○ It was discussed that LTC are probably not fully aware of the new Conditions of Participation.</li></ul></li><li>• Where do we go from here – it was a good step to have the conversation with KHCA about what the Associations think is happening re: emergency preparedness and what is really happening. Other idea for enhanced communication and participation include:<ul style="list-style-type: none"><li>○ Communicate with the Associations – Kansas Home Care Association and Leading Age.</li><li>○ How do we get long term care facilities up to date with</li></ul></li></ul>	
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	<p>emergency planning and the 7 Regional Healthcare Coalitions – the associations/KDADs need to develop strategies.</p> <ul style="list-style-type: none"><li>○ Should KDADs be on the Statewide Steering Committee? How can we get KDADs at the Steering Committee meetings? The KHCA will talk with the Secretary on Aging.</li><li>○ Want to have the long term care in regional and community groups so that when a disaster happens the long term care is PART of the planning and not being told what to do.</li><li>○ Want nursing homes to understand that there are resources/groups active at the local level, regional level and state level – and we want the NHs to be involved. We need to do some strategic planning to get members – can't have every nursing home involved at every level. But instead we need a process to get a consistent message out to all facilities – the Associations would probably be a good conduit for the information.</li><li>○ Karen Luckett will email, to KHCA, the draft of the Conditions of Participation that are coming out in 2016. Conditions will go into effect July 2016.</li><li>○ Lisa will send a roster of the Steering Committee members to KHCA.</li></ul>	
<b>Regional Coalition Reports</b>	<p>SC KS – working on their Assessment; conducted a regional exercise. Exercise focused on recovery – covered all capabilities (HPP/PHEP); exercise can test all capabilities that have one scenario. All hospitals and health departments will get the template of the exercise. Designed to be done at the local level with all community partners. Designed around operational periods – could actually use some of the ICS forms (204) to determine objectives to be addressed. Exercise focused on the ESF8 partners – needed during recovery. Exercise documents will be added to EMResource.</p>	

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	<p>NW KS – have done the assessment</p> <p>SEK – Working on response and communications plans. Have had several exercises this grant year. Latest exercise was on an earthquake – had lots of partners interested in the topic.</p> <p>KC Metro – Hospital exercise – MARC region – hazardous material exercise. Finishing up the Assessment at the May meeting.</p> <p>NC KS – completed assessment; had psychological first aid training; community disaster response symposium – funded through a grant focused on those that will respond during a disaster – 2 day meeting which includes an exercise - registration through KS TRAIN.</p> <p>SW KS – HCCDA factors and program measures completed; planning exercise for 2016-2017 – functional exercise in every county.</p> <p>NE KS – working on assessment, training on CHEMPACK/CSEL (trying to figure out what activation will look like), will demonstrate water filtration system at the next Coalition meeting.</p> <p>Additional comments:</p> <ul style="list-style-type: none"><li>• Mention that the feedback provided by KDHE on the Standard Operating Guides is very helpful.</li></ul>	
<b>KDHE Updates</b>	<p>Budget Period 4 grant response/application has been submitted.</p> <p>HPP Ebola will be submitted on 4/22/15.</p> <p>PHEP Ebola has been submitted and approved – more information will be disseminated . PHEP ebola funding is not to the region, only the local health departments. This is a concern for coordinators because of the amount of time that they end up spending to help locals with their plans</p>	



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	<p>– yet they are not receiving additional funding.</p> <p>Coordinator’s position (Sam’s position) has been posted and is on the KDHE website.</p> <p>Have been reviewing positions within the department – have been working out all position descriptions and assignments. Once changes have been approved, they will be communicated.</p> <p>Donning/Doffing PPE training (through Civil Support Team)– donning doffing training is part of the PHEP ebola grant. KDHE is partnering with the Civil Support Team to provide 21 hands on training sessions through the state by October 2016. Watch for additional information in the Preparedness Update.</p>	
<b>Next Meeting</b>	<ul style="list-style-type: none"><li>• July 20, 2016<ul style="list-style-type: none"><li>○ Subcommittees meet at 9 a.m.</li><li>○ Steering Committee starts at 10 a.m.</li></ul></li></ul>	<p><b>Action item:</b></p> <p>1. Leads for the subcommittees need to communicate with your group to determine subcommittee meeting agenda. We will report out on subcommittee activity during the Steering Committee meeting.</p>